

TACTICAL FIELD CARE ACTIONS *continued*

A

ASSESS AND SECURE THE AIRWAY

- **If conscious allow casualty** to assume any position of comfort that facilitates breathing and protects the airway
- For an unconscious casualty without airway obstruction place in the recovery position. If needed use the head tilt chin lift or jaw thrust maneuver to open airway.
- If the casualty is unconscious or semi-conscious, insert a nasopharyngeal **airway (NPA)** or **extraglottic** if indicated
- **For an unconscious casualty with an obstructed or impending obstructed airway clear any excess secretions** using mechanical or manual suctioning, if indicated
- In an unconscious casualty with an obstructed airway insert an **extraglottic airway**
- If previous measures are unsuccessful, in an unconscious casualty with upper airway obstruction perform a **cricothyroidotomy** and secure it
- Monitor the casualties pulse oximetry to help assess airway patency

R

ASSESS RESPIRATION

- **Remove body armor**
- **Assess for signs of tension pneumothorax**
- **Inspect torso for wounds** (front and back)
- **Assess breathing**, initiate pulse oximetry (if available)
- **Apply a vented chest seal** to all open chest wound(s)
- If present, burp and/or remove and reapply any chest seal previously placed
- If present without chest seal, or if chest seal burp did not resolve tension pneumothorax signs, perform needle decompression of the chest (NDC)
- Reassess to confirm NDC was successful
- **Support with manual ventilations** (bag valve mask, if available) if respiratory effort is inadequate
- If no injuries, drape body armor over the casualty's torso